



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

APPLICATION FOR LICENSE TO OPERATE A
TANNING FACILITY – FEE \$50.00

.....
Name of Facility _____

Address _____ Tel # _____

Name of Owner(s) _____

Address _____ Home Tel # _____

Number of Tanning Devices on Premises _____

For each UV lamp or tanning device:

	<u>Manufacturer</u>	<u>Model #</u>	<u>Model Year</u>	<u>Serial #</u>	<u>Type</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

For each UV lamp or tanning device:

	<u>Model #</u>	<u>Supplier</u>	<u>Installer</u>	<u>Date Installed</u>	<u>Serv. Agent</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

I have received, read and understand the requirements of 105 CMR 123.00

Social Sec #/Federal ID #

Signature of Applicant

Date

Applicant has included a copy of the consent form to meet the requirements of 105 CMR 123.003 (d)(2) and (3) _____

Applicant has included a copy of the operating and safety procedures for facility and tanning devices _____